



Total Organic Carbon (TOC) Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:

PWS Name: PWS Class: COM ☐ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Collected		Collected By
				Date	Time	
A		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished			
B		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished			
	Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:			
			(1) Reason for Resubmission		(2) Collection Date of Original Sample	
A	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
B	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
SAMPLE NOTES						
A						
B						

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: Primary Lab Name: Subcontracted? (Y/N)

TOC Analyzed by (check one): <input type="checkbox"/> PWS or <input type="checkbox"/> Lab		Samples Acidified? <input type="checkbox"/> YES or <input type="checkbox"/> NO				
TOC Result (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Analysis Lab MA Cert#	Analysis Lab Name	Lab Sample ID#
A						
B						

Surface or GWUDI systems ≥ 500 persons.
Monthly source (raw) water TOC sampling is required at each surface/GWUDI source to qualify for and remain on reduced THM/HAA5 monitoring. Each source must maintain a running annual average source (raw) water TOC level of ≤ 4.0 mg/L (calculated quarterly). TOC analysis does not require the use of a Massachusetts or EPA certified laboratory.

Surface or GWUDI sources using conventional filtration shall each month (unless monitoring is reduced): take one TOC sample at each treatment plant no later than the point of combined filter effluent turbidity monitoring representative of the treated (finished) water, one TOC source (raw) sample prior to any treatment, and one alkalinity source (raw) water sample - at a time representative of normal operating conditions and influent water quality.
The time between collection of raw and treated (finished) water must not exceed the time it takes the water to move through the plant.

ALKALINITY Analyzed by (check one): <input type="checkbox"/> PWS or <input type="checkbox"/> Lab						
ALKALINITY Result (mg/L as CaCO ₃)	MDL (mg/L)	Lab Method	Date Analyzed	Analysis Lab MA Cert#	Analysis Lab Name	Lab Sample ID#
A						
B						

If using conventional filtration – Raw water alkalinity must be measured at the same time as the raw water TOC sample is collected. Alkalinity analysis does not require the use of a Massachusetts or EPA certified laboratory.

LAB SAMPLE NOTES	
A	
B	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Primary Certified Operator or Lab Director Signature: _____

Date: _____

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		